
COMBINED DECLARATION AND POWER OF ATTORNEY
IN ORIGINAL APPLICATION

DOCKET NO.
BJA 336A

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought for the invention entitled:

TITLE Method for Treatment of Male and Female Varicoceles

the specification, of which is attached hereto, that I have reviewed and understand the contents of the attached specification, including the claims, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the inventor's certificate issued before the date of this application filed by me or my legal representatives or assigns more than twelve months prior to this application that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a) and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

FOREIGN APPLICATIONS FILED WITHIN 12 MONTHS PRIOR TO THE FILING OF THIS APPLICATION: NONE.

FOREIGN APPLICATIONS FILED MORE THAN 12 MONTHS PRIOR TO THE FILING OF THIS APPLICATION: NONE.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Bolesh J. Skutnik, PhD, JD Reg. No. 36,347

Thomas J. Ryan, JD Reg. No. 52,187

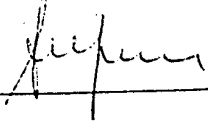
Address all telephone calls to: BOLESH J. SKUTNIK PhD, JD at

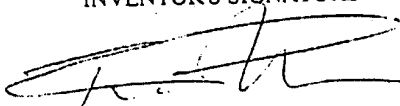
Telephone No.: (413) 525-8222 ; Fax No.: (413) 525-0611

Address all correspondence to: BOLESH J. SKUTNIK PhD, JD

515 Shaker Road, East Longmeadow, MA 01028

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	INVENTOR'S SIGNATURE	DATE
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FULL NAME OF INVENTOR	INVENTOR'S SIGNATURE	DATE
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FULL NAME OF INVENTOR	INVENTOR'S SIGNATURE	DATE
Fabio Coluccia		
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		

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TITLE Method for Treatment of Varices

the specification, of which is attached hereto, that I have reviewed and understand the contents of the attached specification, including the claims, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the inventor's certificate issued before the date of this application filed by me or my legal representatives or assigns more than twelve months prior to this application that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a) and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

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FULL NAME OF INVENTOR	INVENTOR'S SIGNATURE	DATE
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Franco Maglione

RESIDENCE	CITIZENSHIP
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FULL NAME OF INVENTOR	INVENTOR'S SIGNATURE	DATE
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Tiziano Caldera

RESIDENCE	CITIZENSHIP
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2. The Squires Field
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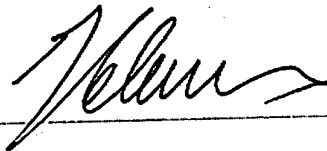
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FULL NAME OF INVENTOR	INVENTOR'S SIGNATURE	DATE
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Fabio Coluccia



11 Sept 03

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POST OFFICE ADDRESS

Applicant or Patentee: Franco Maglione, Tiziano Caldera, Fabio Coluccia
 Serial No. or Patent No.: _____ Docket No.: BJA336A
 Filed or Issued: _____
 For: _____

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
 STATUS (37 CFR 1.9 (f) AND 1.27 (b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purpose of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled:

"Method for Treatment of Male and Female Varicoceles", described in

() the specification filed herewith

() application serial no. _____, filed _____

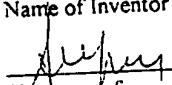
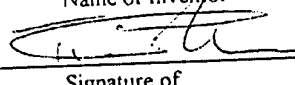
() patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern under 37 CFR 1.9 (d) or a non-profit organization under 38 CFR 1.9 (e).

I have not assigned, granted, conveyed or licensed nor am I under any obligation under contract of law to assign, grant, convey or license any rights in this invention to any person, concern or organization which would not qualify as a small business concern under 37 CFR 1.9 (d) or a non-profit organization under 37 CFR 1.9 (e).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28 (b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which verified statement is directed.

<u>Franco Maglione</u>	<u>Tiziano Caldera</u>	<u>Fabio Coluccia</u>
Name of Inventor	Name of Inventor	Name of Inventor
		
Signature of Inventor	Signature of Inventor	Signature of Inventor
<u>30/06/03</u>	<u>24.07.03</u>	
Date	Date	Date

Applicant or Patentee: Franco Maglione, Tiziano Caldera, Fabio Coluccia
 Serial No. or Patent No.: _____ Docket No.: BJA336A
 Filed or Issued: _____
 For: _____

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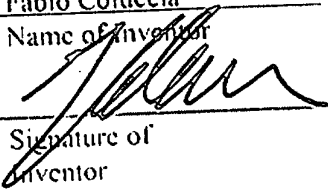
- () the specification filed herewith
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<u>Franco Maglione</u>	<u>Tiziano Caldera</u>	<u>Fabio Coluccia</u>
Name of Inventor	Name of Inventor	Name of Inventor
 	 	
Signature of Inventor	Signature of Inventor	Signature of Inventor
 	 	<u>11 Sept. 03</u>
Date	Date	Date